

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW
Suite 590
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2011 through 07 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 08 19 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		388632.97
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	396616.08									
(c) Total Receipts (from Line 19)	16088.86	275490.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	412704.94	664123.69								
7. Total Disbursements (from Line 31)	77.50	251496.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	412627.44	412627.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13227.86	199784.86
(ii) Unitemized	2861.00	74355.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16088.86	274140.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16088.86	274140.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16088.86	275490.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16088.86	275490.72

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	77.50	496.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.50	496.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250718.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	77.50	251496.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77.50	251496.25

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16088.86	274140.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16088.86	274140.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.50	496.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.50	496.25

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
George Neil Asthana, Dr.
Mailing Address 1397 Pearl S Buck Ct
City Niceville State FL Zip Code 32578-4332
FEC ID number of contributing federal political committee. **C**
Name of Employer Ft Walton Beach Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 28 / 2011
Transaction ID: SA11AI.41551
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
J. Carmine Cerra, Dr.
Mailing Address Department of Pathology
206 E. Brown Street
City East Stroudsburg State PA Zip Code 18301
FEC ID number of contributing federal political committee. **C**
Name of Employer Pocono Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41556
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
C Phillip Collins, Dr.
Mailing Address Pathology Department
12221 N. Mopac Expwy.
City Austin State TX Zip Code 78758
FEC ID number of contributing federal political committee. **C**
Name of Employer North Austin Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 26 / 2011
Transaction ID: SA11AI.41558
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.
Mailing Address 5620 East El Parque Street

City State Zip Code
Long Beach CA 90815-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centinela Hosp Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2011

Transaction ID: SA11AI.41559

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
E Mindy Cooper-Smith, Dr.
Mailing Address 352 Lincoln Dr

City State Zip Code
Ventura CA 93001-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Barton Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2011

Transaction ID: SA11AI.41561

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael Christopher Flynn, Dr.
Mailing Address 175 College St

City State Zip Code
Battle Creek MI 49017-3432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RML Pathologist, PC Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2011

Transaction ID: SA11AI.41566

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lee Wayne Garrett, Dr.
Mailing Address 96 Museum Way
City San Francisco State CA Zip Code 94114
FEC ID number of contributing federal political committee. **C**
Name of Employer Doctors Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00
Date of Receipt MM / DD / YYYY
07 / 23 / 2011
Transaction ID: SA11AI.41567
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
S. Thomas Haas, Dr.
Mailing Address Department of Pathology
1000 Mineral Point Ave
City Janesville State WI Zip Code 53548
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
07 / 18 / 2011
Transaction ID: SA11AI.41571
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Kenneth George Haines, Dr.
Mailing Address Surgical Path
20 York St # EP2-611
City New Haven State CT Zip Code 06510-1199
FEC ID number of contributing federal political committee. **C**
Name of Employer Yale Univ School of Med Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
07 / 18 / 2011
Transaction ID: SA11AI.41573
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1550.00
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
T Steven Hayne, Dr.
Mailing Address 197 Interstate Dr
City Richland State MS Zip Code 39218
FEC ID number of contributing federal political committee. **C**
Name of Employer RenaLab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41575
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
S. Joseph Heard, Dr.
Mailing Address Dept of Pathology
2915 Missouri
City Shreveport State LA Zip Code 71109
FEC ID number of contributing federal political committee. **C**
Name of Employer The Delta Pathology Group, LLP Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 15 / 2011
Transaction ID: SA11AI.41576
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Teresa Kathryn Knight, Dr.
Mailing Address 208 S Goose Hill Rd
City Rocky Face State GA Zip Code 30740
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 26 / 2011
Transaction ID: SA11AI.41583
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Eliud Lopez-Velez

Mailing Address Coliseum Tower Apt 2706
576 Ave Alterial B

City San Juan State PR Zip Code 00918-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer Centro Citopatologico del Caribe Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41585
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Xiangping Lu

Mailing Address Dept of Path
27400 Hesperian Blvd

City Hayward State CA Zip Code 94545-4235

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Medical Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41587
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lynn Lisa Lyons, Dr.

Mailing Address United Hosp Lab
333 Smith Ave N

City Saint Paul State MN Zip Code 55102-2344

FEC ID number of contributing federal political committee. **C**

Name of Employer Hosp Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2011
Transaction ID: SA11AI.41588
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
T Ann Moriarty, Dr.
Mailing Address 3643 Delaware Commons S Dr
City Indianapolis State IN Zip Code 46220-3743
FEC ID number of contributing federal political committee. **C**
Name of Employer AmeriPath Indiana Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41592
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mick Raich
Mailing Address 111 Giles Ave Apt C
City Blissfield State MI Zip Code 49228-1290
FEC ID number of contributing federal political committee. **C**
Name of Employer Vachette Pathology Occupation unknown
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00
Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41600
Amount of Each Receipt this Period 210.00

C. Full Name (Last, First, Middle Initial)
M. Marion Rundell, Dr.
Mailing Address Path PO Box 58744
City Houston State TX Zip Code 77258
FEC ID number of contributing federal political committee. **C**
Name of Employer Clear Lake Pathology Partners LTD Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.72
Date of Receipt 07 / 18 / 2011
Transaction ID: SA11AI.41602
Amount of Each Receipt this Period 142.86

SUBTOTAL of Receipts This Page (optional) ► 452.86
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
J Alan Shienbaum, Dr.

Mailing Address Kennedy University Hospitals
Path Dept

City State Zip Code
Cherry Hill NJ 08002-2048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UMDNJ - Univ of Med & Dent of NJ Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2011

Transaction ID: SA11AI.41606

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J Paul Simon, Dr.

Mailing Address 99 Route 37 W

City State Zip Code
Toms River NJ 08755-6423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cmnty Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2011

Transaction ID: SA11AI.41608

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
M Thomas Sodeman, Dr.

Mailing Address Path Dept Bldg R-5
1120 NW 14th St Ste 1412

City State Zip Code
Miami FL 33136-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Miami Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2011

Transaction ID: SA11AI.41612

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lawrence Tsao

Mailing Address 1 Malcolm Ave

City State Zip Code
Teterboro NJ 07608-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Quest Diagnostics, Inc Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2011

Transaction ID: SA11AI.41614

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code
Midlothian VA 23113-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Commonwealth Lab Consultants Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2011

Transaction ID: SA11AI.41615

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ellen Emily Volk, Dr.

Mailing Address 3445 Executive Ctr Dr

City State Zip Code
Austin TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clinical Path Associates Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2011

Transaction ID: SA11AI.41616

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

575.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.

Mailing Address 3445 Executive Ctr Dr

City State Zip Code
Austin TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer: Clinical Path Associates
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: SA11AI.41617

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
B. Robert Wells, Dr.

Mailing Address 1726 S Beckham

City State Zip Code
Tyler TX 75701-5701

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pathology Associates of Tyler
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2011

Transaction ID: SA11AI.41621

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Allen William Wesche, Dr.

Mailing Address Dept of Pathology
2915 Missouri Ave

City State Zip Code
Shreveport LA 71109

FEC ID number of contributing federal political committee. **C**

Name of Employer: The Delta Pathology Group, LLC
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: SA11AI.41622

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) L Rebekah Wold, Dr.		Date of Receipt																					
	Mailing Address 183 E 8th Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	5		2	0	1	1														
	City State Zip Code Chico CA 95926-2341		Transaction ID: SA11AI.41627																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer Pathology Sciences Med Group		Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	13227.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Suntrust Moneris ACH Disount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.41628</p> <p>Date of Disbursement 07 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Suntrust Acct Analysis Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.41629</p> <p>Date of Disbursement 07 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 62.50</p>

SUBTOTAL of Disbursements This Page (optional) ►

77.50

TOTAL This Period (last page this line number only) ►

77.50